

Mental Health Service System Changes: Experiences of COVID-19 – Project Summary

The impact of the COVID-19 pandemic has been, and continues to be, devastating across the world. While Australia as an island nation has largely escaped the worst effects of the virus, its impact has still reverberated across our society. Financial stress and loss of income from the lockdowns and adapting to the “new normal” have contributed to higher levels of anxiety, panic depression, and anger being experienced across the population.

In March 2020, the Queensland Government introduced a range of restrictions and social distancing measures in an attempt to stop the spread of the virus. All elements of the mental health service system were required to rethink traditional models of care including significantly reducing face-to-face service delivery. This presented an opportunity to review and reflect on these changes, and to identify innovations and service models that might enhance care and improve outcomes in the long term.

To investigate this, the Mental Health, Alcohol and Other Drugs Branch of Queensland Health funded the Queensland Alliance for Mental Health to undertake this Project in partnership with Health Consumers Queensland, Metro South Addictions and Mental Health Services and Brisbane South Primary Health Network.

What we said we'd do

The overall aim of the Project was to map the specific changes that occurred across the mental health service system through both the initial and longer-term impact of the COVID-19 pandemic across the [Brisbane South region](#), and to understand people's experience of these changes.

To achieve this, the Project was carried out in three phases:

1. Service mapping (October to December 2020)
2. Consultations with people who access mental health services and those who support them (January to March 2021)
3. Data analysis and final report (April to June 2021)

Data collected throughout Phases 1 and 2 were uploaded to a computer software program ([QSR NVivo](#)) for coding and thematic analysis.

What we found out

Thirty-three service providers, and 33 people who access mental health services and those who support them agreed to participate in the Project.

Service changes: The most common service delivery change was replacing face-to-face services with telehealth. Some mental health services were able to offer both face-to-face and telehealth options while other services continued to deliver services as they were prior to the pandemic whilst still abiding by the Queensland Government's social distancing and COVID-19 rules and regulations.

Experiences of service changes: Overall, the experiences of people accessing mental health services and those who support them noted more positive than negative experiences, whilst the opposite was true of service providers, whose experiences were more negative. **Virtual connection** was identified by most people as a key positive theme, while **continued support** resulting from service changes emerged as a smaller theme among people accessing services and those who support them. **Isolation**, and **change and uncertainty** emerged as key negative themes. Service providers similarly reported change and uncertainty as a negative experience resulting from the service delivery changes, and some also noted that working from home was a negative experience for their staff.

Effective service changes: **The use of technology** was clearly identified as key to implementing effective service delivery changes. Key sub-themes relating to the use of technology included:

- (a) **Choice** – in how people access mental health services (face-to-face and/or telehealth).
- (b) **Improved access to mental health services** – by overcoming traditional barriers to care such as travel time and cost.
- (c) **Online environment** – enabling people to be in their preferred space, one where they were more comfortable and relaxed.
- (d) **Social connection** – reducing social isolation during the pandemic.

Unsuitable service changes: Not all service delivery changes that occurred were experienced positively by providers and people accessing services. While perceived by some as an effective service delivery change, the **online environment** emerged as a dominant issue for others. This included:

- (a) **Virtual service delivery** – is not always appropriate for doing assessments and some types of therapy.
- (b) **Preference and professional considerations** – many preferred face-to-face but recognised telehealth was better than nothing during the lockdown.
- (c) **Privacy** – concerns were raised about using online platforms, including for telehealth, as well as issues around safety and confidentiality in the home environment.

(d) **Building trust and rapport** – is difficult to establish online.

Enablers to care: Four key themes emerged as enablers to care during the pandemic. These included:

1. **Access to technology**, including training and financial assistance to purchase data and devices provided by services.
2. **Communication** across the sector for staff and people accessing services and those supporting them to have the latest updates and changes to service delivery.
3. **Flexibility** in funding models, including grants and existing contracts, which enabled service changes and innovations to meet individual needs during lockdown, giving people more choice and control.
4. **System and organisational response** which supported service providers to continue delivering mental health services.

Barriers to care: The main barrier to care during active COVID-19 restrictions was **access to technology**. This included limited or **no access to devices**, the **internet and data**, and **poor IT skills**.

Other key themes identified as barriers to care included:

1. **Limited access to mental health services** due to fewer appointments being available and services temporarily closing down.
2. **COVID-19 restrictions** and social distancing rules prevented people from accessing services face-to-face.
3. **Communication**, including new information and daily updates causing confusion and the spreading of misinformation.

Why it matters

While telehealth provided a safe means for mental health services and supports to continue during the COVID-19 pandemic, there remains a preference for face-to-face service delivery. The wider implementation of telehealth across the mental health service system is likely to benefit service providers and people accessing these services in the longer term; however, it is important to note that telehealth should only be seen as one of a range of options.

The use of technology to deliver virtual services has demonstrated its potential to overcome traditional barriers to care such as access to transport, travel time, financial barriers, health issues, significant mental health symptoms, caregiving responsibilities and crises such as homelessness.

It is important for processes and procedures in the provision of digital mental health services, funding and supervision to become integrated into mental health training programs, and for contracting and accrediting bodies to consider adding this as a necessity.

The online environment is not always suitable. Service providers should assess individual needs and preference for digital therapy including capacity to access and use technology, severity of symptoms and risks of harm. Building trust and rapport without face-to-face connection is difficult and initial contact should be face-to-face, at the very least, for the service provider and person accessing the service, to develop a therapeutic relationship.

Even with protections in place (e.g., the Privacy Act 1988), privacy should remain a concern as it is near impossible to guarantee privacy of digital platforms.

What should happen next?

COVID-19 provided a catalyst for rethinking the way mental health services are delivered and the way people accessing services and those supporting them access and experience mental health care. The literature – both here in Australia and from across the world – has already shown the wider implementation of telehealth across the mental health service system is, on balance, likely a benefit, both to service providers and people accessing these services and those who support them. However, it is important to note that telehealth should only be seen as one of a range of options.

Project recommendations:

1. Integrate telehealth into the mental health service system with consideration of the following:
 - The flexible integration of telehealth into funding contracts and performance reporting to enable choice for people who access mental health services, and those who support them.
 - Ensure best-practice standards (including privacy and confidentiality), and support for service providers (such as guides and training programs).
2. Reduce existing barriers to using telehealth and other online services, including access to devices and data.
3. Develop telehealth guides to support uptake from people accessing mental health services.
4. Support ongoing evaluation of the effectiveness of telehealth across the mental health service system.
5. Engage with other sectors (e.g., education and housing) to identify successful service delivery changes and innovations during COVID-19 that may be relevant to the mental health sector.